



# **WATER CONSERVANCY BOARD TRAINING CREDIT REQUEST FORM**

***This information will be used to approve and document other than Ecology sponsored training.***

Board Member Information			
Name	Appointment date	Board name	Phone
Training Activity Information			
Title of training activity		Location: City <span style="float:right">State</span>	
Training activity date(s)		Total hours	
Content/Description: (Attach course documentation if available or summary of activity)			
How does this training relate to your work on the water conservancy board?			
Sponsor of activity: <input type="checkbox"/> Other State Agency ( <i>Please list agency</i> ): _____ <input type="checkbox"/> Federal Government ( <i>Please list agency</i> ): _____ <input type="checkbox"/> Educational Institute ( <i>Please list agency</i> ): _____ <input type="checkbox"/> Other: _____			
Instructor type: <input type="checkbox"/> Contractor Instructor <input type="checkbox"/> Ecology Employee <input type="checkbox"/> Federal Employee <input type="checkbox"/> Other/Unknown <input type="checkbox"/> Author of Reading Material <input type="checkbox"/> State Employee <input type="checkbox"/> College Instructor			
Instructor's or Author's Name (if known):			
Signatures			
Board Member signature			Date

## **For Ecology Use**

Ecology Approval (approved if signed)

*Number of training hours credited*

Date

**Send completed form to  
Dept. of Ecology, Water Resources Program-HQ  
Water Conservancy Board Coordinator  
PO Box 47600, Olympia, WA 98504-7600**

*If you have special accommodation needs or require this form in alternate format, please contact 360-407-6607 (Voice) or 711 (TTY) or 1-800-833-6388 (TTY).*

*Ecology is an equal opportunity employer.*